

Social Security Number  
(Individuals Only)

Tax Identification Number  
(Organizations Only)

**PAYMENT REQUEST FORM (803)**  
**D.C. COMMISSION ON THE ARTS & HUMANITIES**

1. \_\_\_\_\_  
Grantee Name
2. \_\_\_\_\_  
Grant Award Number
2. \_\_\_\_\_  
Street Address
3. \_\_\_\_\_  
Grant Period
- WDC \_\_\_\_\_  
Zip Code
- \_\_\_\_\_ Ward#
- \_\_\_\_\_ Tel. No. (Day)
4. \_\_\_\_\_  
Date
5. Type of report (Check One):  
\_\_\_ Interim \_\_\_ Final
6. Type of Request (Check One):  
\_\_\_ Advance \_\_\_ Reimbursement \_\_\_ Final
7. Payment Amount \$ \_\_\_\_\_
8. (A) Report Period \_\_\_\_\_ to \_\_\_\_\_

Itemized Expenses	(B) Program Budget
<b>Personnel:</b>	
Administrative	
Artistic	
Technical/Production	
<b>Outside Fees and Services</b>	
Artistic	
Other	
Space Rental	
Travel	
Marketing (Promotion)	
<b>Remaining Operating Expenses</b>	
<b>TOTAL</b>	
<b>GRANTEE SHARE</b>	

Remarks: \_\_\_\_\_

Certification: \_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_ Date

## FORM 803

### Instructions for #8

### BUDGET AND EXPENDITURE REPORT

**INSTRUCTIONS:** Complete only column B when requesting advance payment. Grantees may request only a cash advance of their grant award as stipulated in the grant award letter. You are required to submit the Final Financial Report Form (803), which must be accompanied by the appropriate supporting documentation (i.e., canceled checks and/or official paid receipts) at the end of the grant period. Form (803) is included in the original grant award package. Note that you must document 100% of the expenditures not to exceed the total grant amount, and if stipulated additionally, the matching grant award.

**8A. Report Period:** Enter the month, day and year for the period of this report indicated in the grant award letter. If this is an interim report, refer to the grant award letter to determine the starting date of your grant period.

**8B. Program Budget:** Refer to the original budget submitted with your grant application, unless the Commission has subsequently approved a revised budget. No supporting documentation is required when requesting an advance payment of the grant. Refer to the grant award letter to determine the percentage of the grant that may be requested in advance.

---

### FOR D.C. COMMISSION STAFF ONLY

Request Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Determination: ☐ Approved as submitted. Payment to be processed.

☐ Denied as submitted. Contact grantee for resolution.

☐ Approved with corrections as noted below.

Indicate date, person contacted, and nature communication:

---

---

---

## PROGRAM BUDGET

Itemized Expenses	COMMISSION SHARE	MATCHING SHARE (IF APPLICABLE TO PROJECT)	TOTAL COSTS
<b>Personnel:</b>			
Administrative			
Artistic			
Technical/Production			
<b>Outside Fees and Services</b>			
Artistic			
Other			
Space Rental			
Travel			
Marketing (Promotion)			
<b>Remaining Operating Expenses*</b>			
<b>TOTAL</b>			

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorizing Official

\_\_\_\_\_  
Commission Approval

\_\_\_\_\_  
Date

IF THIS BUDGET IS DIFFERENT FROM THE BUDGET SUBMITTED WITH YOUR ORIGINAL APPLICATION, PLEASE CHECK HERE \_\_\_\_

\* Note: Grantees are required to attach an explanation of what is included on this line.